U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only READ THE INSTRUCTIONS CAREFUL READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.			
1. File Number U - 5783	2. Fiscal Year Covered From:			
	1 / 01 / 04 Through: 12 / 31 / 04			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name PAUL E MINSTERKETTER	Name SHEET METAL WORKERS LOCAL # 110			
	Labor Organization File Number 20 2417			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 222 Crescent Loop	Street 7711 Beulah Church Rd			
City New Albany	City Louisville			
State Indiana ZIP Code +4 47150	State Kentucky ZIP Code + 4 40228			
5. Position in labor organization.	· ·			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any	7.b. Amount			
Street				
City				
State ZIP Code + 4				
Signature				
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the sec	ing documents), has been examined by the signatory and is, to the best of the			
Signed June Il Fortistals The	On 8-41-05 812-944-4948 Date Telephone Number			

Name of Person Filing PAUL E. MINISTERRETTER		File Number U -		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name SMW #I/D EDUCATION & TRAINING FUID Trade Name, if any: P.O. Box, Bldg., Room No., if any Street SID WORTH ENGLISH STATION RD. City Louiswille State Kentucky ZIP Code + 4 40223-4788	9. Business deals with: a. Labor Organizat b. Trust c. Employer	ion		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	Members Training			
Street	11.b. Approximate dollar valu	o of auch dealine		
City	<u> </u>	·····		
State ZIP Code + 4	Louisville M BANQUET	pprenticesh	Completion	
•	12 h Amount		H 2700	
	12.b. Amount.		\$ 3700	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above)		\$ 3700	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	er parts A and B above)		\$ 3700	
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	er parts A and B above) or other thing of value.		\$ 3700	
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	er parts A and B above) or other thing of value.		\$3700	
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The information contained in the enclosed LM-30 report is based on my best effort to make a good-faith reconstruction of events occurring in 2004. If I subsequently recall any additional reportable details, I will prepare and file an amended LM-30 report.

Signature

Date